



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

especially to eruptive fevers? And does this mental affection have special characteristics? Rouillard does not know, and does not wish to prejudge the question. Observations must be collected and facts grouped in order to be able to draw useful conclusions.

Auguste Voisin recalled two cases of Bright's disease, in the course of which there had been several epileptiform vertigos, followed by hallucinations; by melancholic delirium, characterized especially by the idea that they were not at home, not recognizing their furniture, nor their pictures, nor their rooms.

THAYER, *A case of melancholia following typhoid fever*, Johns Hopkins Hospital Bulletin, 1892 III. 12.

Twelve days after the patient's temperature had become normal in his convalescence, he appeared for the first time to be nervous and anxious about his condition. Asked if he was very ill and if there was any chance of his recovery, saying one of the patients had told him he was very ill. Fifteen days after the temperature had become normal, his physical condition having steadily improved, and the diet having been increased to nearly normal proportions, he was allowed to sit up for a short time out of bed. On the same evening he was found to be in a very nervous condition. He was despondent, weeping, and when the physician came by, seized his hand and begged him to save him. He declared that he had seen the head nurse read the order that he was to be cremated that evening, and had also seen her receive the announcement that the box in which the operation was to be performed had arrived and was stored in the room below. The patient became more silent and despondent, and was discharged two weeks later in a distinctly melancholic condition.

Dr. Hurd, in the discussion, said that such cases of insanity after any exhausting bodily disease were not uncommon. Insanity developed after the eruptive fevers, pneumonia, acute tuberculosis, typhoid fever, and in fact any sequel which interfered with the nutrition, assimilation and blood-making power of the patient. The delusions of such patients were those which accompany innutrition, and were characterized by suspicion and apprehension. The deficient blood supply to the brain, or rather the altered quality of the blood supply by reason of the preceding bodily disease, explained the delusions. The development of post-febrile insanity generally points to an hereditary tendency to mental disease. The presence of this insane heredity developing active disease under such circumstances lends an unfavorable prognosis in most cases. Sometimes they recover, but the majority develop chronic forms of insanity.

Dr. Osler said that in his experience, especially after typhoid fever, the prognosis was favorable, and cited several cases reported by him in Fasciculus I. of the Johns Hopkins Hospital Reports for 1890, where apparent recovery from mental disease after a tedious convalescence occurred.

MAIRET ET BOSC, *Recherches sur les causes de la toxicité de l'urine normale*, Arch. de physiol. norm. et path. 1891 III. 273.

A reference to the experiments of these authors on normal urine will be of service in considering the results obtained from the urine of the insane. Rabbits and dogs were used in the experiments. Injections were made in the femoral vein of the dog and the auricular vein of the rabbit. Fresh urine from persons 22 to 33 years of age was used, the individuals being of almost the same body weight and living in the same average conditions. With regard to the degree of toxicity, it requires 100 cc. of urine per kilogramme of body weight to kill a dog. With this dose the animal succumbs immediately or after some hours.